

# STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

## COVER PAGE

*A Public Document*

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Quinlan	Christy	D	( 916 ) 319-9223	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
1323 J Street, Ste 1600		Sacramento	CA	95814
OPTIONAL: FAX / E-MAIL ADDRESS				

### 1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of the Chief Information Officer

Division, Board, District, if applicable:

Your Position:

Chief Deputy Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

### 2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

### 3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through December 31, 2008.

☐ Leaving Office Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

☐ Candidate Election Year \_\_\_\_\_

### 4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 27, 2009  
(month day year)

Signature \_\_\_\_\_  
(File the originally signed statement with \_\_\_\_\_)

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**  
 Name \_\_\_\_\_  
 Christy Quinlan

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

NAME OF LENDER:	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
	Street address	
HIGHEST BALANCE DURING REPORTING PERIOD	_____	
<input type="checkbox"/> \$500 - \$1,000	City	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
	(Describe)	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Christy Quinlan</u>

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE <u>E-GOV 1105 Government Information Group</u>
ADDRESS <u>3141 Fairview Park Dr. Ste. 175</u>
CITY AND STATE <u>Falls Church VA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Gave Speech at GHIT Conference</u>
DATE(S): <u>06 / 12 / 08</u> - <u>06 / 13 / 08</u> AMT: \$ <u>682.00</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Airline Ticket</u>

▶ NAME OF SOURCE <u>Center for Digital Government and Education</u>
ADDRESS <u>100 Blue Ravine Road</u>
CITY AND STATE <u>Folsom, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Panel Discussion at Govenment Industry Summit</u>
DATE(S): <u>08 / 10 / 08</u> - <u>08 / 11 / 08</u> AMT: \$ <u>403.50</u> <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Airline Ticket</u>

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(if applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: \_\_\_\_\_